

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597561

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 14 | 1 | | 1 | | | |
| 15 | 1 | | 1 | | | |
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| 18 | 1 | | 1 | | | |
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| 20 | 1 | | 1 | | | |
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| TOTAL IND. | 4 | ↓ | 4 | ↓ | | ↓ |
| TOTAL DEP. | 21 | ← | 21 | ← | | ← |
| TOTAL CLAIMS | 25 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |